

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-027472

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

150

Primary Registration District No.

5574

Registrar's No.

74

FILED JUL 31 1962

VS 300
Rev. 4/59

17000

27000

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99125

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1291-3

132-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Van Burren Twp</u>		c. CITY OR TOWN <u>Grain Valley</u>	
Length of stay in 1b <u>0</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Settling Way 1/2 mi W Long Jack</u>		d. STREET ADDRESS (If outside, give location) <u>R.D. Mize Rd</u>	
3. NAME OF DECEASED (Type or print) First <u>Joseph</u> Middle <u>D.</u> Last <u>Saunders</u>		4. DATE OF DEATH Month <u>July</u> Day <u>23</u> Year <u>1962</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Mar 15-1941</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>tractor operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>mowing</u>	
11. BIRTHPLACE (City and state or country) <u>Blue Springs Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Franklin Saunders</u>		13b. MOTHER'S MAIDEN NAME <u>Ruth Finck</u>	
14. NAME OF HUSBAND OR WIFE <u>none</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>[redacted]</u>		17. INFORMANT <u>Frank Saunders</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Crushed lower chest & upper abdomen</u> <u>Fractured skull</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>[redacted]</u> DUE TO (c) <u>[redacted]</u>		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>History of Infection</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Mowing weeds tractor turned over</u>	
20c. TIME OF INJURY Hour <u>7-23</u> a.m. <u>6</u> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>	
21. I attended the deceased from _____ to _____ and last saw him alive on _____		21. CITY, TOWN, OR LOCATION <u>Jackson Mo</u>	
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>Hugh H. Pincus Coroner</u>	
22b. ADDRESS <u>152 Union Station</u>		22c. DATE SIGNED <u>7-25-62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	23b. DATE <u>7/25/1962</u>	23c. NAME OF CEMETERY OR CREMATOR <u>Blue Springs Cmr</u>	23d. LOCATION (City, State, and County) <u>Blue Springs Mo</u>
24. FUNERAL DIRECTOR <u>Walt Funeral Home</u>	24. ADDRESS <u>Blue Springs Mo</u>	25. DATE RECD. BY LOCAL REG. <u>7-25-62</u>	26. REGISTRAR'S SIGNATURE <u>N. B. Langford</u>

AUG 14 1962

AUG 3 1962

SEP 11 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

William E. Free

Licensed Embalmer No. 4733

P. O. Address

Blue Springs, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.